DECLARAT	Attorney Docke	et No.	80113-0376 (BCS03463)				
UTILITY OF	First Named In	ventor	David P. Gurney				
PATENT API	COMPLETE IF KNOWN						
		Application No	. Una	ssigned			
□ Declaration	Declaration	Filing Date					
submitted with	submitted after	Group Art Unit	Una	ssigned			
initial filing	initial filing	Examiner Nam		ssigned			
As a below named inve							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
"METHOD AND APP	ARATUS FOR IMPRO	OVED BURST ACC	QUISITION I	N A DIGITAL RECEIVER"			
the specification of whi	ch						
⊠ is attac	ched hereto			:			
or							
☐ was file	ed on	, as t	Inited States	Application Number			
or PCT Interna	tional Application Nu	mber:		and was amended			
on	(if a	pplicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.							
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claim				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.							
Application Number	(s) Filing Date	e (MM/DD/YY)	Additional provisional appli				
11111			numbers are listed on a supplemental priority data shee				
				BB/02B attached hereto.			

	DEC	LARATION - Utility Or	Design Patent Ap	plication	on				
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
U.S Parent Applicat Number	tion	PCT Parent Number	Parent Filing Da (MM/DD/YYY)		Parent Patent Number (if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto									
As a named invento	or, I herel	by appoint the following	registered practition	oner(s)	to pro	secute	this		
		all business in the Paten		Office co	onnec	ted the	rewith:		
All practitioners	associate	ed with Customer Numb	er:		20,480				
and			L						
□ Registered pract □	titioner(s)) name/registration num	ber listed below						
Name		Registration No.	Name		Registration No.				
John V. Silve	rio	34,014	-						
Caroline T. Co	ker	50,516							
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.									
□ Direct all corresp	ondence	e to Customer Number	or Bar Code Label	:	20	480			
_ or					20,	700			
☐ Correspondence	e Address	s Below							
Attorney									
Firm Name									
Address									
City, State, Zip									
Country	-	Telephone		Fax		<u> </u>	· · · · ·		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of First Inventor									
Full Name of Inver	ntor Da	David P. Gurney			Citizenship U.S.A.				
Inventor's Signatu	ire (David P. Surrey			ate	2/5	104		
Residence:	66	6612 Majestic Way, Carpentersville, IL 60110 U.S.A.							
Post Office Addres	ss Sa	Same as Residence							
Name of Second Inventor									
Full Name of Inver	ntor An	nthony R. Schooler		Ci	tizen	ship U.S.A.			
Inventor's Signatu	\mathcal{A}	utly R Sele	chool		ite	2/5	104		
Residence:	21	210 Faircroft Rd., Bartlett, IL 60103 U.S.A.							
Post Office Address	se Sa	me as Residence							

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Name of Third Inventor	r	A petition has been filed for this unsigned inventor					
Full Name of Inventor	Zhuan Ye	_	Citizenship China		China		
Inventor's Signature	M	me	Date	21	5/2004		
Residence:	281 Hunter Ct., Vernon Hills, IL 60061 U.S.A.						
Post Office Address	Same as Residence						
Name of Fourth Inventor		☐ A petition has been filed for this unsigned inventor					
Full Name of Inventor	Richard DiColli		Citizenship		U.S.A.		
Inventor's Signature	Redia	nd Di Colli	Date	2/1	1/04		
Residence:	208 Harvest Lane, Broomall, PA 19008 U.S.A.						
Post Office Address	Same as Pasidanco						